SPECIAL TREATMENT PROCEDURES

SC.1
Designated special treatment procedures require clinical justification.

SC. 1.1 Such treatment procedures include, but are not necessarily limited to the following:

SC.1.1.1 seclusion;

SC.1.1.2 restraint;

SC.1.2 The rationale for using special treatment procedures is clearly stated in the clinical record of the individual served.

SC.1.3 When appropriate, evidence exists in the clinical record of the individual served that proposed special treatment procedures have been reviewed by the head of the professional staff and/or a designee before implementation.

SC.1.4 The plan for using special treatment procedures is consistent with the rights of the individual served and the organization's policies governing their use.

SC.1.5 The clinical indications for using special treatment procedures are documented in the clinical record of the individual served.

SC.1.6 The clinical indications for using special treatment procedures outweigh the know contraindications.

SC.2
The organization has written policies and procedures that govern the use of seclusion and restraint.

SC.2.1 Using seclusion and restraint requires clinical justification.

SC.2.1.1 Seclusion or restraint is used only to prevent the individual served from injuring himself/herself or others or to prevent serious disruption of the therapeutic environment.

SC.2.1.2 Seclusion or restraint is not used as punishment or for staff convenience.

SC.2.1.3 The rationale for using seclusion or restraint addresses the inadequacy of less restrictive intervention techniques.

SC.2.2 To justify the procedure a physician conducts a clinical assessment of the individual served before writing an order authorizing use of seclusion or restraint.

SC.2.2.1 The assessment and the order are documented in the clinical record of the individual served when the procedure is implemented.

SC.2.3 Each written order for seclusion or restraint is time limited and does not exceed 24 hours.

SC.2.4 In an emergency, seclusion or restraint may be used by trained, clinically privileged staff.

SC.2.4.1 The clinical assessment of the individual served and the order for the use of emergency seclusion or restraint are documented in the clinical record of the individual served when the procedure in implemented.

SC.2.4.2 The emergency implementation of seclusion or restraint does not exceed one hour, at which time a physician staff member's oral order is required if seclusion or restraint are to be continued.

SC.2.4.2.1 The physician's order is entered into the clinical record of the individual served as soon as possible, but not more than 24 hours after the order was implemented.

SC.2.5 "PRN" orders are not used to authorize use of seclusion or restraint.

SC.2.6 All uses of seclusion and restraint are reported daily to the head of the professional staff and/or designee.

SC.2.7 The head of the professional staff and/or a designee reviews daily all uses of seclusion or restraint and investigates unusual or possibly unwarranted use patterns.

SC.2.8 Staff who implement written orders for seclusion or restraint have documented training in the proper use of the procedure for which the order was written.

SC.2.9 Seclusion or restraint is not to be used in a manner that causes undue physical discomfort, harm, or pain to the individual served.

SC.2.10 Appropriate attention is paid every 15 minutes to an individual in seclusion or restraint, especially regarding regular meals, bathing, and use of the toilet.

SC.8
The organization has written policies and procedures, approved by the professional staff, governing the use of behavioral management procedures for controlling maladaptive or problem behavior.

SC.8.1 Policies and procedures include the following;

SC.8.1.1 requirements for a positive approach to behavior management and the hierarchical use of the least restrictive alternative;

SC.8.1.2 specification of the behavioral management procedures approved by the professional staff for use in the organization.

SC.8.1.3 mechanism to identify and teach the individual appropriate expression of the target behavior and/or alternative adaptive behaviors; and

SC.8.1.4.1 procedures that may result in the denial of a nutritionally adequate diet,

SC.8.1.4.2 seclusion other than in accordance with standards in this chapter,

SC.8.1.4.3 corporal punishment,

SC.8.1.4.4 fear-eliciting procedures, and

SC.8.1.4.5 the implementation of an individual's behavioral management program by other recipients of the organization's services.

SC.8.2 Staff responsible for developing behavioral management programs are qualified by education, training, experience, and findings of quality assessment and improvement activities.

SC.8.2.1 Staff responsible for implementing behavior management programs are trained in the implementation of the individual program.

SC.8.3 An interdisciplinary behavior management committee, established by the professional staff, reviews, evaluates, and approves all behavior management programs.

SC.8.3.1 Committee members are qualified by training and experience.

SC.8.3.2 The committee has a written conflict of interest policy for its members.

SC.8.3.3 Objective criteria reflecting current knowledge, clinical experience, and standards are used in the evaluation process for a behavioral management program.

SC.8.3.4 The committee specifically addresses and approves any restriction of an individual's rights in the behavioral management program.

SC.8.3.5 Committee findings are included in the organization's quality assessment and improvement program.

SC.8.4 Time-out is used in accordance with the individual's program plan and organizations policies and procedures.

SC.8.4.1 Time-out procedures provide for appropriate monitoring of the individual's safety.

SC.8.4.2 Locking devices are not employed on rooms in which individuals are restricted for time-out.

SC.8.4.3 The time-out period does not exceed 30 minutes.

SC.8.4.4 Restraining devices used in time-out procedures are not sued for periods longer than 30 minutes.